## FOR NON-NASD MEMBERS ONLY

## **AFFIDAVIT**

State	of							
Count	y of							
	I,				_, being duly	sworn, upon oat	h depose and	l say:
	1.	I reside						at
					Му	telephone	number	is
will	2.	I am an applicant for registra	ation with th	ne Arizona Corpo	oration Comm	ission as a secu	ırities salesm	an.
be			•	employed				by
indicte	3. ed, or d	In connection with the afore convicted of any crime other than						arged
body v		I have never been charged bolation of their Securities Act or Fo.)						
	5.	Applicant realizes that this aff	fidavit is an	official filing and	d making any	false statement	is a felony.	
	FUR	THER, AFFIANT SAYETH NOT.						
(Name	e of Fir	m)	(Signati	ure of Applicant)				
Attest	: (Signa	ature of Officer & Title)						
SUBS	CRIBE	ED AND SWORN TO before me t	his	day of		,		
				(Notary Public)				
				My Commission	Expires			

n:/adminsup/forms/idaff Rev. 7/97

## **NOTARY SEAL**

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